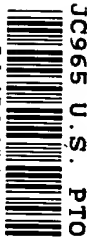


08/03/01



JC965 U.S. PTO

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): HUGUES MARCHAND AND BRENDAN JUDE MORAN  
 Docket: 30794.79-US-U1  
 Title: METHOD OF CONTROLLING STRESS IN GALLIUM NITRIDE FILMS DEPOSITED ON SUBSTRATES

JC972 U.S. PTO

09/922122



08/03/01

## CERTIFICATE OF MAILING UNDER 37 CFR 1.10

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I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

By: *Adriane M. Baird*  
 Name: Adriane M. Baird

## BOX PATENT APPLICATION

Commissioner for Patents  
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate Of Mailing Under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 12 pgs; 34 claims; Abstract 1 pg(s).  
The fee has been calculated as shown below in the "Claims as Filed" table.
- ☒ 9 sheets of Drawings
- ☒ Verified Statement was filed in provisional application serial no. 60/222,837.
- ☒ A signed Combined Declaration and Power of Attorney (**Brendan Jude Moran only**).
- ☒ Assignment of the invention (**from Brendan Jude Moran only**) to The Regents of the University of California, Recordation Form Cover Sheet
- ☒ PTO-2038 Credit Card Payment Form for the amount of \$481.00 to cover the Filing Fee
- ☒ PTO-2038 Credit Card Payment Form for the amount of \$40.00 to cover the Assignment Recordation Fee.
- ☒ The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government. The name of the U.S. Government agency and the U.S. Government contract number are: Office of Naval Research under Grant No. N00014-98-1-0401.
- ☒ Return postcard

## CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Number Extra	Rate	Fee
<b>Basic Filing Fee</b>				\$355.00
<b>Total Claims</b>				
34	20	14	x \$9.00 =	\$126.00
<b>Independent Claims</b>				
2	3	0	x \$40.00 =	\$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
<b>TOTAL FILING FEE</b>				<b>\$481.00</b>

Please charge any additional fees or credit overpayment to Deposit Account No. 50-0494. A duplicate of this sheet is enclosed.

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